

San Saba County Sheriff's Office 500 E Wallace, Suite 206 / 104 S Water St San Saba, Texas 76877

Office (325)372-5551 Fax (325) 648-2073

Employee Complaint Form

Last Name:	First Name:		MI:	Home P	hone #:	Cell Phone #:
Mailing Address:	City:	State:	Zip:		Email Add	iress:
Date of Incident:	Location of Incide	Location of Incident:				
Time of Incident:	Report Number of Incident: Citation Number:					
Name of Involved Employees	В	adge #	How	Involved	 ? (Comm	itted act or witness)
1.						
2.						
3.						
4.						
5.						
	Stat	ement				
Filing a false complaint against a police intentionally makes a false statement unde found guilty and punished by a fine up to received and investigated per Texas Govt. I have read each page of this stat the facts contained herein are true	er oath, or swears to the tr \$4,000, confinement in jail Code 614.022 and 614.023. ement consisting of	uth of a fal up to one	se staten year, or	nent previou by both find	usly made u a and impris	nder oath, a person may be onment. Complaints will be
Signature		Date				

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Statement Continuation

Please sign and date each page that bears your statement and initial all corrections

intentionally makes a false statement under oath, or swears to the	of the Texas Penal Code, Section 37.02. If a person knowingly and truth of a false statement previously made under oath, a person may jail up to one year, or by both fine and Imprisonment. Complaints will 023.
I have read each name of this statement consisting of	page. Corrections, if any bear my initials. I certify
the facts contained herein are true and correct.	page. Concolone, a any boar my minate. Tooliny
Signature	Date

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Notary: This section must be completed in the presence of a Notary Public. Your complaint will not be accepted if it is not signed and stamped by a notary. Notary services are available throughout the community, including the post office and most banking institutions.

I can read, write, speak and understand the English languages, is true and correct to the best of my knowledge and	
	Affiant (Complainant's Signature)
Subscribed and sworn to before me, by the said	
Notary Public Printed Name	
Thisday of,,,,	
Notary Public in and for the State ofState	
Signature of Notary	Notary Stamp Here
Commission Expiration Date	

Please make a copy of this Form for your records

You must send this original document to:

San Saba County Sheriff's Office 500 E Wallace St, Suite 206 San Saba, Texas 76877

Or Hand deliver the original to:

500 E Wallace St, Suite 206 San Saba, Texas 76877